



ST21

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/619,258
		Filing Date	July 11, 2003
		First Named Inventor	Jason R. Kirsch
		Art Unit	3651
		Examiner Name	Rashmi K. Sharma
Total Number of Pages in This Submission		Attorney Docket Number	0100024.0532761

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	FROST BROWN TODD LLC		
Signature			
Printed name	Kevin S. Sprecher		
Date	May 5, 2005	Reg. No.	42,165

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/82 (09-03)

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Application Number	10/619,258
Filing Date	07/11/2003
First Named Inventor	Kirsch
Art Unit	3651
Examiner Name	Sharma
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

26874

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

26874

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Jason R. Kirsch

Signature

Date

March 14, 2005

Telephone

(306) 275-2300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (09-03)

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AND
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Filing Date	07/11/2003
First Named Inventor	Kirsch
Art Unit	3651
Examiner Name	Sharma
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

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The address associated with
Customer Number:

26874

OR

<input type="checkbox"/> Firm or Individual Name	
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I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Bourgault Industries Ltd.
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Signature	
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Date	March 14, 2005
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Telephone	(306) 275-2300
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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